

Project Narrative

Rappahannock Area Health District Medical Reserve Corps Grant Application

Project Summary

The Rappahannock Area Health District Medical Reserve Corps, Fredericksburg, VA, is seeking cooperative agreement funding to demonstrate the unit's capability to establish a community-based, citizen volunteer unit that will assist the Health District in disasters and in non-emergent situations. The unit is the only such Medical Reserve Corps in this region, and has coordinated its development with the area's only Citizen Corps Council, in King George, Virginia. The unit has established a planning committee, held several meetings, written a mission statement and associated goals and objectives, developed a website and continued to work with its community partners in public safety.

Project Narrative

I. Background

The Rappahannock Area Health District Medical Reserve Corps (RMRC) is located in Fredericksburg, Virginia and is a volunteer component of the Rappahannock Area Health District (RAHD), which is an element of the State of Virginia's Department of Health. The Health District and the Medical Reserve Corps address the public health needs of an estimated population of 250,000 people living midway between Washington, DC and Richmond, VA in the Counties of Caroline, King George, Spotsylvania, and Stafford; and in the City of Fredericksburg, Virginia.

The Health District serves as the organizing body and has assigned the District's Bioterrorism Coordinator, Joseph V. Saitta, Ed.D., to function as the Health District's Liaison to the RMRC. He is listed as the official contact for the Medical Reserve Corps registration, which was completed online in April, 2003. Dr. Saitta reports the activities of the Medical Reserve Corps directly to the District's Director, Donald R. Stern, M.D. The Corps has also filed an application with the Office of the Surgeon General to become officially recognized.

It should be noted that the RMRC has developed a logo that it will use until it is authorized to use the official OSG Medical Reserve Corps one. This local logo is shown below:



The RMRC has worked to forge effective linkages within the community it serves. It has established linkages with the majority of public safety and disaster response organizations in the community (See letters in Appendix A). The primary such group is

the area's Counterterrorism Task Force, which includes membership of the FBI, state and local law enforcement agencies, Mary Washington Hospital (the only hospital that serves the area), the Health District (represented by the District's nurse manager, environmental health manager, smallpox clinic manager, bioterrorism coordinator, and epidemiologist), the local chapter of the American Red Cross, the Rappahannock Emergency Medical Services Council, Inc. (which serves as the state's designated representative for all pre-hospital and in-hospital emergency medical services in the district), the Rappahannock Region Volunteer Organizations Active in Disasters (which includes the United Way, the Red Cross, the Salvation Army and over 40 other such groups that respond to disasters), Mary Washington College, and area fire/rescue and emergency management agencies. Further, the RMRC has established a cooperative working relationship with the King George Citizen Corps Council, which is the only such council in the four counties and one city served by this Medical Reserve Corps (again, please see Appendix A).

The RMRC has a high level of knowledge of emergency medical response/care systems (Emergency Medical Services or EMS) due to a variety of factors. First, several of the personnel of the unit have worked directly in EMS. For example, Dr. Brandel, a unit member, was trained in emergency medicine during his three decades career as a US Army physician. Another member, Dr. Mulagha, is a graduate of the "Combat Casualty Care Course," the "Advanced Cardiac Life Support Course," and the "Advanced Trauma Life Support Course." He is a Reserve U.S. Air Force Officer/Flight Surgeon, and has four years experience (1999-2002) in emergency medicine. The Health District's Liaison, Dr. Saitta, was a career deputy fire chief in charge of a pre-hospital EMS

advanced life support system in Northern Virginia. He was certified as a Cardiac-Emergency Medical Technician and as an EMT-Instructor Trainer. In addition, he was the principal author of the Federal Emergency Management Agency's National Fire Academy course, "EMS Administration." He also served as a technical consultant for the Indian Health Service for a ten year period where he provided on-site EMS management training to reservation-based Native American EMS agencies.

In addition to the foregoing, several other members of the unit have a solid working knowledge of EMS due to their prior careers: Crystal Groth, RN, MSN, recently retired from the Fairfax Health Department, with her last assignment being five years as the Communicable Disease Coordinator, where she often interfaced with that County's Fire/Rescue agency. Janice Fowle, RN, received emergency medical training as part of her nursing education.

The unit also has a great deal of experience in utilizing volunteers. Virtually all of the members of the planning committee have served as volunteers in the past. In addition, many have managed volunteer resources as part of their full-time employment: Crystal Groth, RN used volunteer assets to assist with health department communicable disease programs; Dr. Brandel has many years of managing a faith-based volunteer food bank; Joseph Saitta managed a combination career-volunteer pre-hospital EMS system that included 19 volunteer fire departments and 15 volunteer rescue squads, while he also served as a volunteer leader of one such rescue squad; Janice Fowle, RN, organized a

neighborhood crime watch program; May Vasquez has an extensive background in managing a variety of Girl Scouts of America programs, etc.

II. Objectives

The mission of the Rappahannock Medical Reserve Corps is to assist the Health District in its response to local public health emergencies and to participate in other health department programs to improve the health of the community.

The Corps goals and objectives are:

Goal 1: Continue the assessment of community health needs to provide direction for RMRC activities (ongoing).

Objectives: Members of the RMRC planning committee will:

- 1.1 Coordinate with key health department staff to determine current public health needs by August 2003.
- 1.2 Review annual communicable disease and immunization statistics for the health district to determine needs for RMRC public health outreach and education by February 2004.
- 1.3 Maintain coordination with the Volunteer Organizations Active in Disasters (VOAD) to identify gaps in medical resources for disaster Response: ongoing.

Goal 2: Recruit a minimum of 50 MRC volunteers who are not otherwise involved in emergency response activities by July 2004.

Objectives: The MRC planning group will:

- 2.1 Send a recruitment letter to all licensed health care professionals in the

RAHD by September 2003, repeat in January 2004, if needed.

- 2.2 Send a press release to local newspapers in the district to inform and recruit local citizens by September 2003, repeat quarterly as needed.
- 2.3 Attend local medical and nursing society meetings to inform and recruit by November 2003.
- 2.4 Contact Mary Washington College Student Affairs Office to develop a plan to recruit students by November 2003.
- 2.5 Contact churches in each RAHD jurisdiction to inform and recruit members by October 2003.
- 2.6 Maintain an updated description of MRC activities on the RMRC website for access by members and the general public: ongoing.

Goal 3: Begin a training program for MRC members, which is consistent with their role and scope of activities by October 2003.

Objectives: Using resources available from FEMA and CDC, the State Health Department, and other agencies, the MRC planning group will:

- 3.1. Develop initial training for new MRC members, commencing in October 2003, to include:
 - 3.1.1 Background and overview of the MRC.
 - 3.1.2 Mission and scope of activities.
 - 3.1.3 Structure and communication procedures.
 - 3.1.4 Roles of MRC members in implementation of the Strategic National Stockpile Plan.
 - 3.1.5 Emergency Response to Terrorism: Basic Concepts series (To be taught by the health department Bioterrorism Coordinator).

- 3.1.6 Basic Life Support course (taught via local hospital or American Red Cross).
- 3.1.7 Community Emergency Response Team course (FEMA course available via Fredericksburg Fire Department).
- 3.2 MRC volunteers will begin training as outlined above by October 2003 and continue quarterly as needed for new members.
- 3.3 MRC volunteers will participate in mock disaster scenarios under the direction of the RAHD Director beginning October 2003.
- 3.4 With the assistance of health department staff, MRC planning committee will develop and provide training to respond to ongoing public health needs by February 2004.
 - 3.4.1 Provide an orientation for MRC volunteers to health department services.
 - 3.4.2 Provide an orientation for MRC volunteers to basic health information, health education programs, and disease surveillance programs.
- 3.5 Coordinate with Mary Washington Hospital and the American Red Cross by September 2003 to provide BLS training for MRC volunteers as needed (see 3.1.6 above).

Goal 4: Coordinate with other emergency response organizations to integrate MRC activities into the Health District's emergency response plan.

Members of the MRC planning group will:

- 4.1 Participate in monthly Counterterrorism Task Force Meetings: ongoing. This

task force is composed of representatives from the following agencies in the District: Law enforcement (FBI, State Police, Police and Sheriff's Departments), Fire and Rescue agencies, emergency management, Mary Washington College Security and Environmental Health, Mary Washington Hospital, Rappahannock Area Emergency Medical Services Council, etc.

- 4.2 Obtain memoranda of agreements with the King George Citizen Corps Council, the Volunteer Organizations Active in Disasters and other community volunteer groups engaged in preparation and/or response to disasters. (Letters of agreement are now in place for most of these organizations/agencies.)

Goal 5: The MRC planning group will obtain funding to support activities of the MRC by January, 2004.

- 5.1 Submit application for MRC Cooperative Agreement Grant by July 18, 2003.
- 5.2 Explore funding sources from local businesses and community organizations by September, 2003.

Goal 6: The planning committee will evaluate progress toward goals and objectives quarterly.

- 6.1 Participants will evaluate MRC training programs at the end of each course, using a modified Likert scale.
- 6.2 The planning committee will conduct a formal evaluation of the attainment of the goals and objectives listed in this Action Plan on a quarterly basis.

III. Summary of Existing Relevant Community Resources

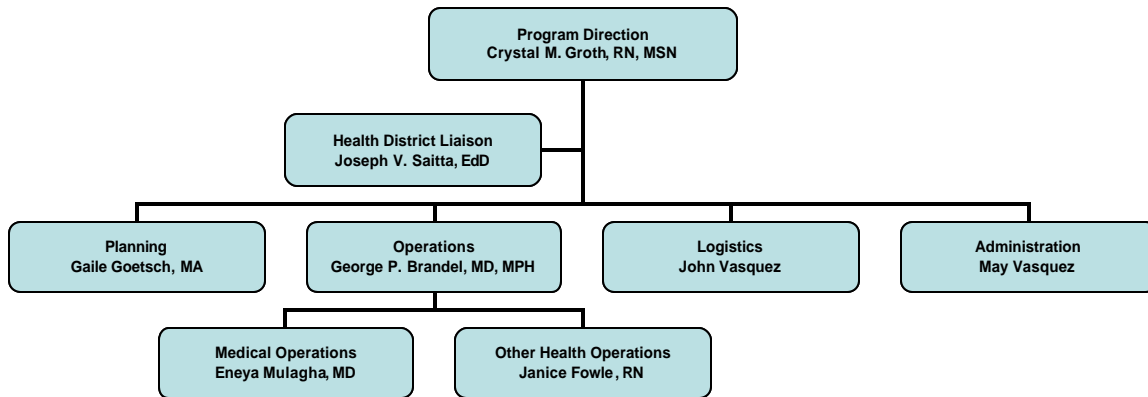
The community has a wealth of available existing resources, including a vibrant volunteer tradition, an active Citizen Corps Council in King George, motivated public safety agencies that are working together in an area-wide Counterterrorism Task Force, and so forth. The Health District has taken an active role in terrorism planning as well as in general disaster planning. The Health District has sponsored a Smallpox Working Group, a Strategic National Stockpile Working Group, and a Public Information Officers Coordinating Committee. All of these groups were recently consolidated into the Counterterrorism Task Force to increase coordination among these many organizations. The District has also sponsored monthly satellite broadcasts (variously produced by the US Army Medical Research Institute of Infectious Diseases, the State Health Department, and other agencies) for the public safety community.

In addition, the District has conducted several smallpox vaccination clinics for Health District personnel and Mary Washington Hospital employees to improve the area's ability to respond to and medically manage a smallpox outbreak. The MRC unit was not yet established during these clinics, but intends to assist in future such clinics.

IV. Organization Structure

The Rappahannock Area Health District Medical Reserve Corps is organized using a variation of the National Incident Management System (NIMS). This system is widely used in emergency response and disaster operations by both the federal sector and by state/local public safety. The non-disaster command and control structure, which is based

on the National Incident Management System (NIMS) and used on a daily basis, is as follows:



In a disaster situation the Corps becomes a component of the Health District’s command and control structure and reports to the District’s Health Director, Dr. Donald Stern, or his designee. The Health District also uses the National Incident Management System.

It should be noted that the RMRC has chosen to refrain from actively recruiting members (beyond the existing planning team) until Fall, 2003 since it believes that there are many planning steps (See Action Plan below, under Section V, Strategy/Plans with Time Line) which must be accomplished first. However, it does maintain a “link” on its website (See screen shots in Appendix B) if a community member chooses to contact the MRC unit about future membership. Also, the unit plans to “target” the recruiting of physicians, nurses, veterinarians, pharmacists, mental health workers, and other medical professionals by using existing state data bases, and direct community recruiting.

V. Strategy/Plans with Time Line

This section provides material about the unit's management and implementation plans.

Management Plan

The unit's management plan is loosely built around the five-step management process described in the early 1900s by Henri Fayol and Frederick Taylor: planning, organizing, staffing, directing, and controlling. As part of the planning step the unit has already done an assessment of community needs and, as a result, focused its mission, goals and objectives on assisting the Health District with the management of area emergency and non-emergency public health matters.

The unit is now fully into the second step of the five-step management process, organizing, and is determining resources and constraints. Another component of the organizing step is to insure that the unit carefully avoids both the appearance and the actuality of "raiding" other volunteer groups that have disaster volunteers in its own quest for MRC members. To that end it has coordinated carefully with the area's Volunteer Organizations Active in Disasters, the King George Citizen Corps Council, and the Rappahannock Emergency Medical Services (EMS) Council, Inc. (the EMS Council serves as the area's pre-hospital and in-hospital coordinating body, including member organizations such as volunteer rescue squads).

The staffing (recruiting) step, directing step (to include hands-on management and transformational leadership), and controlling/evaluating step have only begun to take shape, with the directing step being guided by the unit's decision to use the National

Incident Management System as its model. The controlling or evaluating step is more fully described in Section VI, Evaluation, and is ongoing.

The unit uses several methods to communicate, both with its members and with its community partners (for example, the Citizen Corps Council, the Rappahannock EMS Council, the Counterterrorism Task Force, etc.) to convene them for constructive planning and implementation. The traditional methods of organizational communication are, of course, fully used: telephone, letter, e-mail, face-to-face meeting. The unit is also fortunate to have a volunteer, Gaile Goetsch, with expertise in website design. The unit has used the website to gain “buy in” – and editorial suggestions-- from stakeholders, who have password-protected access, on such topics as the mission statement, the OSG official recognition application, and this grant application, as a method to communicate meeting information (dates/times, prior meeting minutes), and for future use it intends to publicize the web address in its recruiting announcements to gain volunteers. The unit plans to use pagers as the primary method to communicate an activation of its membership during a disaster, with a telephone “call down tree” as the supporting or back-up communication method.

As other Medical Reserve Corps units develop in Virginia, the Rappahannock unit intends to fully cooperate with them in any way possible to insure coordination, cost-effectiveness, and camaraderie. These activities will include sharing training resources, common protocol development, and regional and statewide coordination meetings.

Members' Management Qualifications

Several of the members of the unit have significant management experience. Crystal Groth, RN, MSN, was responsible for the management of five Virginia public health district offices' communicable disease programs; Dr. Eneya Mulagha was assigned as Chief of Internal Medicine at Robins Air Force Base, (GA); Dr. George Brandel served in many command and staff positions as a US Army Medical Corps Colonel (O-6), including assignment to the Army Surgeon General's Office; Dr. Joseph Saitta was a Deputy Fire Chief responsible for a suburban pre-hospital EMS system; Mr. John Vazquez has 39 years federal service with his last assignment being as supervisor of a vascular testing laboratory for a Veterans Administration Medical Center, and so on. All of the aforementioned are available for service with the unit (Ms. Groth, Dr. Brandel, and Mr. Vazquez are retired; while Dr. Saitta is employed as the Health District's Bioterrorism Coordinator specifically delegated to serve as the unit's Health District Liaison. Dr. Mulagha is still employed full time as a physician in Fredericksburg, VA, so is somewhat less available). Biographical sketches are included in this grant application.

Implementation Plan

As indicated in both Sections I and Section VI the unit has attempted to fully coordinate with area emergency medical services (EMS) agencies in preparing for, responding to, and recovering from large scale emergencies. The primary agency used as the point of contact for this EMS coordination is the Rappahannock Emergency Medical Services Council, Inc., which represents all career and volunteer EMS agencies in the entire district, to include volunteer rescue squads, fully-paid career fire/rescue departments, private ambulance companies, and the area's only hospital.

The Unit's role in relation to existing services is fairly clear. It serves as a volunteer component of the Rappahannock Area Health District (RAHD), which is in turn an element of the State of Virginia's Department of Health. As stated earlier, the Health District and the Medical Reserve Corps address the public health needs of an estimated population of 250,000 people. The unit is researching what non-disaster projects to become involved in, with an "Implementing Smoking Cessation in Medical Practice" program appearing especially interesting. As for the unit's role in relation to other existing services it works in cooperation with them, rather than attempting to duplicate such services. One example: the Rappahannock Medical Reserve Corps has established cooperative working relationships with the King George Citizen Corps Council, which is the only such council in the four counties and one city served by the Corps. Further information about the interrelated nature of these roles is included in Section VI, below.

The proposed plan and associated time lines for these action steps are listed below:

Action Step	Time Factor
<u>Establishment of Planning/Steering Group</u>	Completed
<u>Organization Meetings (Monthly – See Appendix C)</u>	Three already held, ongoing
<u>Goals and Objectives</u>	Already written
Revisions	Annually
<u>Organization Structure Development</u>	Completed
Revisions	Annually

<u>Policies and Procedures</u>	Commencing 08/03
Initial development	Commencing 08/03
Web-posting for changes	Commencing 08/03
Final development	Commencing 09/03
Policies/procedures training	Commencing 10/03
Policies/procedures revisions	Annually
<u>Recruitment</u>	Commencing 09/03
Materials development	Commencing 08/03
Press release/recruiting letter mail-out dates	Commencing 09/03
“Open Houses” at Health District	Commencing 09/03
Presentations at Mary Washington College	Commencing 11/03
<u>Liaison and Partnership Building</u>	Ongoing
Contacts with CAP, area military bases	Commencing 10/03
Identification of other community groups	Commencing 12/03
<u>Training (See Appendix D)</u>	Commencing 10/03
Initial bioterrorism pre-training for planning comm.	08/02/03
National Incident Management training	10/03
Participation in State-wide bioterrorism exercise	10/21/03
Community Emer. Response Team training	01/04

VI. Summary of Community Partnerships and Linkages

Partnerships and Linkages

As noted in Section I, above, the Corps has already developed partnerships with the majority of public safety and disaster response organizations in the community (See letters in Appendix A). The principal such group is the area's Counterterrorism Task Force, which includes membership from the FBI, state and local law enforcement agencies, Mary Washington Hospital (the only hospital that serves the area), the Health District, the local chapter of the American Red Cross, the Rappahannock Regional Emergency Medical Services Council, Inc., the Rappahannock Region Volunteer Organizations Active in Disasters, Mary Washington College, and area fire/rescue and emergency management agencies. Further, the Corps has established cooperative working relationships with the King George Citizen Corps Council, which is the only such council in the four counties and one city served by the Corps. The Corps is also researching future community partnerships. For example, it has begun analyzing how it could best use residential students at Mary Washington College, and members of faith-based religious groups that have disaster response capabilities as prospective Corps members. In addition, the Unit is now researching ways to coordinate with the Fredericksburg Composite Squadron of the Civil Air Patrol, and with the three major military bases in the area (Marine Corps Base, Quantico; Naval Surface Warfare Center, Dahlgren; and Fort A.P. Hill).

Documentation

The letters documenting the unit's inter-connectedness to area agencies and organizations are included in Appendix A. Of specific note is a letter from the King George Citizen Corps Council, which as noted in the previous paragraph is the only such council in the

four counties and one city served by the Corps. Since the RMRC unit is directly affiliated with the Health District it is inherently connected to that agency and its relationships with the Mary Washington Hospital, the Rappahannock EMS Council and other such entities.

Copies of the unit website's "screen shots" are included in Appendix B. Copies of meeting minutes and attendance rosters, which document the unit's activities, are included in Appendix C.

VII. Evaluation

The Rappahannock Medical Reserve Corps program goals are:

Goal 1: Continue the assessment of community health needs to provide direction for RMRC activities (ongoing).

Goal 2: Recruit a minimum of 50 RMRC volunteers who are not otherwise involved in emergency response activities by July 2004.

Goal 3: Begin a training program for MRC members, which is consistent with their role and scope of activities by October 2003.

Goal 4: Coordinate with other emergency response organizations to integrate MRC activities into the Health District's emergency response plan.

Goal 5: The MRC planning group will obtain funding to support activities of the MRC by January, 2004.

Goal 6: The MRC planning committee will evaluate progress toward goals and objectives quarterly.

The MRC will use both quantitative and qualitative methods to measure both its service to the community and to the Health District in the accomplishment of these goals.

Quantitative methods will include quarterly assessments, such as a compilation of hours worked and funds expended, and how these specifically relate to the accomplishment of the organization's goals and objectives; the success of recruiting strategies, and so forth.

In addition, the RMRC's planning committee will use the quarterly assessments to conduct abbreviated focus groups to determine if the existing "internal customers" (the membership and the Health District) are empowered by the management and leadership methods used. The unit will also actively seek out the opinions of its "external customers" (the public) and is researching the use of random survey techniques to obtain such quantitative data.

If the Corps responds to any disasters or is otherwise activated for emergency service during a quarter a post incident analysis will be conducted in conjunction with other community partners, such as the area's Counterterrorism Task Force. The purpose of these post incident analyses is to determine what worked well and what needs to be improved. By using these qualitative methods the Corps plans to improve its service to the community, and increase its operational effectiveness.

VIII. Sharing Information with OSG and other MRC Units

The results of the aforementioned quantitative and qualitative methods will be posted on the unit's website for password-protected access by other MRC units. In addition, these results --and any other information that would assist other MRC units, or locations

considering starting a MRC unit -- will be forwarded to the Office of the Surgeon General. This should improve the knowledge base of other Medical Reserve Corps units as these experiences lead to best practices. Further, the unit is interested in establishing collaboration with other MRC units so as to learn from their experiences as well. Any reasonable action that will increase the RMRC or other MRC units' effectiveness will be willingly pursued.

IX. Plan for Sustaining the MRC Unit

One constraint identified by the unit is the lack of operating capital, and thus the need for this grant as "seed money." However, beyond this initial potential grant funding the unit is researching other longer-term sources of funding, such as assistance from local business and community groups (for example, the Rappahannock Area Business Council, the area's Jaycees, etc.) as it ultimately becomes financially self-sufficient. Regardless of the outcome of these efforts the Rappahannock Area Health District has committed to the continuing provision of staff time, meeting space, photocopying, and other office services to the unit. Although surviving organizationally solely at this level, and after the grant funding eligibility period ends (if the unit is funded), would not be an ideal environment, the unit intends to continue in existence, and these Health District services will assist the RMRC until other, more long term financial mechanisms are located.